

FORM
S.F.6953
(REV5-92)



LEAVE
REQUEST

ATTENDANCE UNIT

ATTENDANCE KEEPER NAME

Use a separate form for each type of leave requested.
Employee, DO NOT complete shaded areas.

☐ POSTED

EMPLOYEE'S NAME (Last, First, Initial)				DIVISION, SECTION, OR UNIT				SOCIAL SECURITY NUMBER / /											
LEAVE BEGINNING				LEAVE ENDING				TOTAL HOURS REQUESTED											
HOUR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				MONTH DAY YEAR / /				HOUR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				MONTH DAY YEAR / /							
<input type="checkbox"/> VACATION ¹				<input type="checkbox"/> SHARED LEAVE TAKEN				<input type="checkbox"/> EXCHANGE TIME				MIN. TENTHS 1-6 1 31-36 6 7-12 2 37-42 7 13-18 3 43-48 8 19-24 4 49-54 9 25-30 5 55-60 1.0 HOUR							
<input type="checkbox"/> SICK ¹				<input type="checkbox"/> SHARED LEAVE DONATED				<input type="checkbox"/> LEAVE WITHOUT PAY (If checked, supervisor must complete Leave Without Pay block.)				<input type="checkbox"/> DISAPPROVED (Provide explanation in Comments Section below)							
<input type="checkbox"/> PERSONAL HOLIDAY				<input type="checkbox"/> COMPENSATORY TIME															
<input type="checkbox"/> INJURY OR ILLNESS-- JOB RELATED				<input type="checkbox"/> CIVIL/JURY				<input type="checkbox"/> OTHER (specify): _____				LEAVE WITHOUT PAY <input type="checkbox"/> AUTHORIZED LEAVE WITHOUT PAY <input type="checkbox"/> UNAUTHORIZED LEAVE WITHOUT PAY							
<input type="checkbox"/> MILITARY																			
REASON FOR LEAVE (If necessary)								SUPERVISOR'S SIGNATURE / DATE											
EMPLOYEE'S SIGNATURE / DATE OF REQUEST								SIGNATURE OF OTHER APPROVING AUTHORITY											
COMMENTS:																			

¹ COMPENSATION FOR LEAVE CANNOT EXCEED THE TOTAL AMOUNT OF LEAVE ACCUMULATED. THEREFORE, SHOULD LEAVE BE APPROVED IN EXCESS OF THE TOTAL ACCUMULATED, IT WILL NOT BE COMPENSATED.